

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 538656

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51		4				
2		1					52		4				
3							53		4				
4		2					54		4				
5		2					55		3				
6							56		3				
7							57		3				
8							58		3				
9							59		3				
10							60		3				
11							61		4				
12							62		4				
13							63		4				
14		1					64		3				
15		1					65			1			
16		1					66			1			
17		1					67			1			
18		1					68			1			
19		1					69			1			
20		1					70			1			
21		1					71			1			
22		1					72			1			
23		1					73			1			
24	1						74			1			
25		1					75			1			
26		2					76			1			
27		2					77			1			
28		1					78			1			
29							79			1			
30							80			1			
31	1						81			1			
32		1					82			1			
33		1					83			1			
34		1					84			1			
35		1					85			1			
36		1					86			1			
37		1					87			1			
38		1					88			1			
39		1					89			1			
40		1					90			1			
41		1					91			1			
42	1						92			1			
43		1					93			1			
44		1					94			1			
45		4					95			1			
46		4					96			1			
47		4					97			1			
48		4					98			1			
49		4					99			1			
50		4					100			1			
TOTAL IND.		↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS							TOTAL CLAIMS						